

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
PORTAGE COUNTY, OHIO**

CASE NO. _____

PLAINTIFF/PETITIONER

vs.

JUDGE PAULA C. GIULITTO

**LOCAL AFFIDAVIT OF
FINANCIAL DISCLOSURE FOR
DIVORCE, ANNULMENT, and LEGAL
SEPARATION**
(Local Rule of Court 9)

DEFENDANT/RESPONDENT

| | | | |
|--|--------------------------|--|---------------------------|
| AFFIDAVIT OF: _____ | | | |
| Date of marriage: _____ | | Date of separation: _____ | |
| PLAINTIFF/PETITIONER | | DEFENDANT/RESPONDENT | |
| Name: _____ | | Name: _____ | |
| Street: _____ | | Street: _____ | |
| City, State, Zip: _____ | | City, State, Zip: _____ | |
| Birth Date: _____ | | Birth Date: _____ | |
| Telephone No.: _____ | | Telephone No.: _____ | |
| Email Address: _____ | | Email Address: _____ | |
| Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No | | Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Interpreter/Translator Required <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____ | | Interpreter/Translator Required <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____ | |
| MINOR CHILDREN OF THIS MARRIAGE: (Attach addendum if more than 5 children) | | | |
| <u>FULL LEGAL NAME</u> | <u>BIRTH DATE</u> | <u>SEX</u> | <u>LIVING WITH</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

In addition to the above child(ren):

Plaintiff/Petitioner has _____ other minor biological or adopted child(ren).

Defendant/Respondent has _____ other minor biological or adopted child(ren).

There is/are _____ adult(s) in my household.

| | | | |
|---|----------------------|---|----------|
| INCOME OF AFFIANT | | Employer: _____ | |
| | | Address: _____ | |
| | | _____ | |
| | | Scheduled Paychecks <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 | |
| <u>TYPE OF INCOME</u> | <u>ANNUAL</u> | | |
| Base Pay | \$ _____ | | |
| Ave. Overtime, Commissions, and/or Bonuses over last 3 yrs. | \$ _____ | | |
| Unemployment | \$ _____ | | |
| Disability Benefits: | \$ _____ | | |
| Workers Compensation | \$ _____ | | |
| Social Security | \$ _____ | | |
| Other: _____ | \$ _____ | | |
| Retirement Benefits: | \$ _____ | | |
| Social Security | \$ _____ | | |
| Other: _____ | \$ _____ | | |
| Spousal Support Received | \$ _____ | | |
| Interest/Dividend Income | \$ _____ | | |
| Other: _____ | \$ _____ | | |
| TOTAL GROSS INCOME: | \$ _____ | | |
| Supplemental Security Income or Public Assistance | \$ _____ | | |
| Social Security or Veteran's benefit received for child(ren) | \$ _____ | | |
| <input type="checkbox"/> Based on parent's disability | \$ _____ | | |
| <input type="checkbox"/> Based on child's disability | \$ _____ | | |
| Child Support received for minor and/or dependent child(ren) not of the marriage or relationship. | \$ _____ | | |
| <u>EARNINGS HISTORY</u> | | | |
| Base Yearly Income | | Yearly Overtime, Commissions and/or Bonus | |
| 3 years ago, 20_____ | \$ _____ | 3 years ago, 20_____ | \$ _____ |
| 2 years ago, 20_____ | \$ _____ | 2 years ago, 20_____ | \$ _____ |
| Last year, 20_____ | \$ _____ | Last year, 20_____ | \$ _____ |

| EXPENSES OF AFFIANT | Monthly Payment |
|---|-----------------|
| <u>Monthly Housing Expenses</u> | |
| Mortgage/Rent (including taxes and insurance) | \$ _____ |
| Second Mortgage/Line of Credit | \$ _____ |
| Real Estate Taxes (if not included in mortgage) | \$ _____ |
| Homeowner's/Renter's Insurance (if not included in mortgage) | \$ _____ |
| Utilities: | |
| Electric | \$ _____ |
| Gas, Fuel Oil, Propane | \$ _____ |
| Water and Sewer | \$ _____ |
| Telephone and/or Cell Phone | \$ _____ |
| Trash | \$ _____ |
| Cable/Satellite Television/Streaming Service | \$ _____ |
| Internet (if not included elsewhere) | \$ _____ |
| Cleaning/Maintenance/Repair | \$ _____ |
| Lawn Service/Snow Removal | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL HOUSING EXPENSES | \$ _____ |
| <u>Other Monthly Living Expenses</u> | |
| Food: | |
| Groceries (including food, paper, cleaning products, toiletries, etc.) | \$ _____ |
| Restaurants | \$ _____ |
| Transportation: | |
| Vehicle Loans/Leases | \$ _____ |
| Vehicle Maintenance (oil, repair, license) | \$ _____ |
| Gasoline | \$ _____ |
| Parking/Public Transportation/Other Transportation | \$ _____ |
| Clothing: | |
| Clothes (other than child(ren)'s) | \$ _____ |
| Dry Cleaning/Laundry | \$ _____ |
| Personal Grooming: | |
| Hair/Nail Care | \$ _____ |
| Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL OTHER LIVING EXPENSES | \$ _____ |
| <u>Monthly Child-Related Expenses (for child(ren) of the marriage or relationship)</u> | |
| Work/Education Related Childcare | \$ _____ |
| Other Childcare | \$ _____ |
| Extraordinary parenting time travel cost | \$ _____ |
| Clothing | \$ _____ |
| School Tuition | \$ _____ |
| School Supplies | \$ _____ |
| School Lunches | \$ _____ |
| Child(ren)'s Allowance(s) | \$ _____ |
| Extracurricular Activities/Lessons | \$ _____ |
| Special/Unusual Needs of Child (not included elsewhere) | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL CHILD-RELATED EXPENSES | \$ _____ |

| | |
|---|------------------------|
| <u>Monthly Insurance Premiums (not listed previously)</u> | Monthly Payment |
| Health | \$ _____ |
| Dental | \$ _____ |
| Vision | \$ _____ |
| Life | \$ _____ |
| Auto | \$ _____ |
| Disability | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL INSURANCE EXPENSES | \$ _____ |
| <u>Monthly Work and Education Expenses</u> | |
| Mandatory work expenses (union dues, uniforms, or other) | \$ _____ |
| Tuition | \$ _____ |
| Books/Fees | \$ _____ |
| College Loan Repayment | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL WORK AND EDUCATION EXPENSES | \$ _____ |
| <u>Monthly Healthcare Expenses</u> | |
| Physicians | \$ _____ |
| Dentists/Orthodontists | \$ _____ |
| Optometrists/Opticians | \$ _____ |
| Glasses/Contact Lenses | \$ _____ |
| Prescriptions | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL HEALTHCARE EXPENSES | \$ _____ |
| <u>Miscellaneous Monthly Expenses</u> | |
| Extraordinary obligations for other minor child(ren) or child(ren) with disabilities (for child(ren) who were not born of this marriage or relationship and were not adopted by the parties.) | \$ _____ |
| Child support for child(ren) who were not born of this marriage or relationship and were not adopted by the parties. | \$ _____ |
| Expenses paid for adult child(ren) and other dependent(s) | \$ _____ |
| Spousal support paid to former spouse | \$ _____ |
| Subscriptions/Books | \$ _____ |
| Entertainment | \$ _____ |
| Charitable Contributions | \$ _____ |
| Memberships (associations/clubs) | \$ _____ |
| Travel/Vacation | \$ _____ |
| Pets | \$ _____ |
| Gifts | \$ _____ |
| Bankruptcy Payments | \$ _____ |
| Attorney Fees | \$ _____ |
| Additional taxes (not deducted from wages) | \$ _____ |
| Other: _____ | \$ _____ |
| TOTAL MISCELLANEOUS EXPENSES | \$ _____ |
| TOTAL MONTHLY EXPENSES: | \$ _____ |

| REAL ESTATE INTERESTS (attach addendum if more space is needed) | | | | |
|--|----------------------------------|------------------|-------------------------|---------------|
| <u>Address</u> | <u>Present Fair Market Value</u> | <u>Titled To</u> | <u>Mortgage Balance</u> | <u>Equity</u> |
| 1. _____ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| 2. _____ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| 3. _____ _____ | \$ _____ | _____ | \$ _____ | \$ _____ |
| TOTAL REAL ESTATE EQUITY: | | | \$ _____ | |

| OTHER ASSETS (attach addendum if more space is needed) | | | |
|--|--|-------------------------|---------------------|
| <u>Vehicles & Other Certificate of Title Property</u> | <u>Description</u> (Include year, make and model of automobiles, trucks, motors, motorcycles, boats, motors, motor homes, trailers, ATVs, snowmobiles, jet skis, etc.) | <u>Titled To</u> | <u>Value</u> |
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |
| 5. _____ | _____ | _____ | \$ _____ |
| 6. _____ | _____ | _____ | \$ _____ |
| <u>Financial Accounts</u> | <u>Description</u> (Include checking, savings, CDs, POD accounts, money market accounts, etc.) | <u>Titled To</u> | <u>Value</u> |
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |
| 5. _____ | _____ | _____ | \$ _____ |
| 6. _____ | _____ | _____ | \$ _____ |
| <u>Pensions & Retirement Plans</u> | <u>Description</u> (Include profit sharing, IRAs, ESOPs, 401(k) Plans, etc.) | <u>Titled to</u> | <u>Value</u> |
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |

| | | | |
|--|---|---|--|
| Publicly Held Stocks, Bonds, Securities & <u>Mutual Funds</u> 1. _____ 2. _____ 3. _____ 4. _____ | <u>Description</u> (Name of company and number of shares) _____ _____ _____ _____ | <u>Titled to</u> _____ _____ _____ _____ | <u>Value</u> \$ _____ \$ _____ \$ _____ \$ _____ |
| Closely Held Stocks & Other Business Interests and Name of <u>Company</u> 1. _____ 2. _____ 3. _____ 4. _____ | <u>Description</u> (Type of ownership, number of shares, and nature of business) _____ _____ _____ _____ | <u>Titled to</u> _____ _____ _____ _____ | <u>Value</u> \$ _____ \$ _____ \$ _____ \$ _____ |
| <u>Life Insurance</u> (Company Name) 1. _____ 2. _____ 3. _____ 4. _____ | <u>Description</u> (Term/Whole Life and Insured Life) _____ _____ _____ _____ | <u>Titled to</u> _____ _____ _____ _____ | <u>Value</u> (cash surrender value and loan balance, if any) \$ _____ \$ _____ \$ _____ \$ _____ |
| Furniture and Household Goods, Furnishings & <u>Appliances</u> 1. _____ 2. _____ 3. _____ 4. _____ | <u>Description</u> (Property valued in excess of \$1,000) _____ _____ _____ _____ | <u>Titled to</u> _____ _____ _____ _____ | <u>Value</u> \$ _____ \$ _____ \$ _____ \$ _____ |
| <u>Safe Deposit Box</u> 1. _____ 2. _____ | <u>Description</u> (Location and description of contents) _____ _____ | <u>Titled to</u> _____ _____ | <u>Value</u> \$ _____ \$ _____ |

| | | | |
|--|--|---|---|
| <u>Transfer of Assets</u> (Exceeding \$300 in value in the past 12 months) 1. _____ 2. _____ | <u>Explanation</u> (List the name and address of any person who received money or property and the reason for the transfer.) _____ _____ | <u>Titled to</u> _____ _____ | <u>Value</u> \$ _____ \$ _____ |
| <u>Any Other Assets Not Listed Above</u> 1. _____ 2. _____ | <u>Description</u> (Include jewelry, art, tools, firearms, other collectibles, etc.) _____ _____ | <u>Titled to</u> _____ _____ | <u>Value</u> \$ _____ \$ _____ |
| TOTAL OTHER ASSETS: | | | \$ _____ |

| | | | | |
|--|--|--|---|---|
| DEBT List ALL OF YOUR DEBTS , the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE". If you do not know exact figures for any item, give your best estimate and put "EST". If more space is needed to explain, please attach an additional page for the explanation and identify which question your answering. | | | | |
| <u>Secured Debt</u> (Mortgage, Car, etc.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ | <u>Name of Creditor</u> _____ _____ _____ _____ _____ _____ | <u>Name(s) on Account</u> _____ _____ _____ _____ _____ _____ | <u>Balance Due</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | <u>Monthly Payment</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |
| <u>Unsecured Debt</u> (Credit cards, medical bills, loans, etc.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ | <u>Name of Creditor</u> _____ _____ _____ _____ _____ _____ | <u>Name(s) on Account</u> _____ _____ _____ _____ _____ _____ | <u>Balance Due</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | <u>Monthly Payment</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |
| TOTAL DEBTS | | | \$ _____ | \$ _____ |

SEPARATE PROPERTY CLAIMS

Separate property includes, but is not limited to, property owned before marriage and gifts or inheritances to only one spouse.

| <u>Category</u> (Pre-marital, Gift, Inheritance, etc.) | <u>Description of Property</u> | <u>Titled to</u> | <u>Value</u> |
|---|---------------------------------------|-------------------------|---------------------|
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |
| TOTAL SEPARATE PROPERTY CLAIMS: | | | \$ _____ |

BANKRUPTCY

| <u>Filed by</u> | <u>Date of Filing and Case Number</u> | <u>Date of Discharge or Relief from Stay</u> | <u>Type of Case</u> (Ch. 7, 11, 12, 13) | <u>Current Monthly Payment, if any</u> |
|------------------------|--|---|--|---|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

QUESTIONS: (Attach explanations as necessary)

- Has a tax analysis statement been considered and prepared for real estate, business, pension and spousal support evaluations? ☐ Yes ☐ No
- Has bankruptcy been considered? ☐ Yes ☐ No
- Do you intend to file for bankruptcy protection? ☐ Yes ☐ No
- Has any property been sold or transferred without consent or knowledge of spouse within 12 months of filing original package? ☐ Yes ☐ No
- Have any financial statements been prepared for any financial institutions within 12 months of filing original pleadings? ☐ Yes ☐ No (If so, please attach copy.)

(Do not sign until Notary Public is present.)

Your Signature

Sworn to or affirmed before me by _____ this _____ day of _____, ____.

Commission Expiration Date: _____

Page 9 of 9